

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street)

8403 Colesville Road

Suite 1550

Check if different
than previously
reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Brooks, Alison, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Brooks, Alison, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		182787.62
(b) Cash on Hand at Beginning of Reporting Period.....	208269.39	
(c) Total Receipts (from Line 19)	20987.16	74860.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	229256.55	257648.28
7. Total Disbursements (from Line 31).....	19673.06	48064.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	209583.49	209583.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

20987.16

74860.66

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

20987.16

74860.66

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

20987.16

74860.66

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

20987.16

74860.66

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

20987.16

74860.66

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	19673.06	20424.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	19673.06	20424.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	27500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	140.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	140.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19673.06	48064.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19673.06	48064.79

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20987.16	74860.66
34. Total Contribution Refunds (from Line 28(d))	0.00	140.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20987.16	74720.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	19673.06	20424.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19673.06	20424.79

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Adkisson, Kendra, M, ,

Mailing Address 111 Wabash Dr.

City
Lexington

State
KY

Zip Code
40503-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WomanKind Midwives

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.59

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12848

Amount of Each Receipt this Period

278.59

☐ Memo Item

In-kind - Auction items, supplies, stamps

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Akins, Susan, , ,

Mailing Address PO Box 244

City
Embudo

State
NM

Zip Code
87531-0244

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Taos Professional Services

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12784

Amount of Each Receipt this Period

25.00

☐ Memo Item

In-kind - Bottle of wine

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Amaya, Elizabeth, , ,

Mailing Address 304 Whitcomb St

City
Kalamazoo

State
MI

Zip Code
49001-4287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11AI.12932

Amount of Each Receipt this Period

50.00

☐ Memo Item

September 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

353.59

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Anderson, Barbara, , ,

Mailing Address 4263 Quail Rd.

City
Riverside

State
CA

Zip Code
92507-4814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Nurse-midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12873

Amount of Each Receipt this Period

50.00

☐ Memo Item

In-kind - Book-Best Practices in Midwifery

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Anderson, Barbara, , ,

Mailing Address 4263 Quail Rd.

City
Riverside

State
CA

Zip Code
92507-4814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Nurse-midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12875

Amount of Each Receipt this Period

50.00

☐ Memo Item

In-kind - Book-DNP Capstone Projects

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Avery, Melissa, D, ,

Mailing Address 4845 Irving Ave S

City
Minneapolis

State
MN

Zip Code
55419-5233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Minnesota

Occupation (for Individual)

Professor and Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12852

Amount of Each Receipt this Period

50.00

☐ Memo Item

In-kind - Book-Supporting a physiologic approach to pregnancy and birth

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bair, Jeanne, , ,

Mailing Address 613 S High St

City
Denver

State
CO

Zip Code
80209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rocky Mountain Women's Care

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12772

Amount of Each Receipt this Period

25.00

☐ Memo Item

In-kind - Bottle of wine

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bardacke, Nancy, , ,

Mailing Address 6538 Dana St

City
Oakland

State
CA

Zip Code
94609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCSF Osher Ctr for Integ. Med.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12915

Amount of Each Receipt this Period

70.00

☐ Memo Item

In-kind - Two copies of Mindful Birthing book and CD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Berk, Judy, , ,

Mailing Address 6 Weld St

City
Roslindale

State
MA

Zip Code
02131-1039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brigham & Women's Hospital

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11AI.12933

Amount of Each Receipt this Period

45.00

☐ Memo Item

September 2016 Contribution

SUBTOTAL of Receipts This Page (optional).....▶

140.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Biscone, Erin, , ,

Mailing Address 1913 Banks St.

City
Houston

State
TX

Zip Code
77098-5405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor College of Medicine

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12795

Amount of Each Receipt this Period

50.00

☐ Memo Item

In-kind - Turquoise Bead Bracelet

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Biscone, Erin, , ,

Mailing Address 1913 Banks St.

City
Houston

State
TX

Zip Code
77098-5405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor College of Medicine

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12797

Amount of Each Receipt this Period

40.00

☐ Memo Item

In-kind - Silver/semi-precious stone drop earrings

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Boone, Ruth, , ,

Mailing Address 2402 Briar Chapel Pkwy

City
Chapel Hill

State
NC

Zip Code
27516-8456

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Womack Army Medical Center

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12946

Amount of Each Receipt this Period

50.00

☐ Memo Item

September 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bradford, Heather, , ,

Mailing Address 527 Kirkland Avenue

City
Kirkland

State
WA

Zip Code
98033-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Evergreen Hlth Midwifery Care

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12800

Amount of Each Receipt this Period

80.00

☐ Memo Item

In-kind - Placenta Cards and Poster

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bradford, Heather, , ,

Mailing Address 527 Kirkland Avenue

City
Kirkland

State
WA

Zip Code
98033-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Evergreen Hlth Midwifery Care

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12897

Amount of Each Receipt this Period

25.00

☐ Memo Item

In-kind - Birth log

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bradford, Heather, , ,

Mailing Address 527 Kirkland Avenue

City
Kirkland

State
WA

Zip Code
98033-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Evergreen Hlth Midwifery Care

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12899

Amount of Each Receipt this Period

265.00

☐ Memo Item

In-kind - Five Stella plus Dot items

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

370.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Breedlove, Ginger, , ,

Mailing Address 13608 W 54th St.

City
Shawnee

State
KS

Zip Code
66216-5110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shenandoah University

Occupation (for Individual)
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12891

Amount of Each Receipt this Period

40.00

☐ Memo Item

In-kind - ACNM Past Presidents 252 Piece Puzzle

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Breedlove, Ginger, , ,

Mailing Address 13608 W 54th St.

City
Shawnee

State
KS

Zip Code
66216-5110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shenandoah University

Occupation (for Individual)
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12893

Amount of Each Receipt this Period

50.00

☐ Memo Item

In-kind - Handmade Tapered French Rolling Pin

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Breedlove, Ginger, , ,

Mailing Address 13608 W 54th St.

City
Shawnee

State
KS

Zip Code
66216-5110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shenandoah University

Occupation (for Individual)
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12895

Amount of Each Receipt this Period

40.00

☐ Memo Item

In-kind - ACNM 60th Midwives of Color Puzzle

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brucker, Mary, C, ,

Mailing Address 3031 Shadow Dr. W

City
Arlington

State
TX

Zip Code
76006-2770

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baylor University

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12832

Amount of Each Receipt this Period

250.00

☐ Memo Item

In-kind - Lactating Breast Artwork

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brucker, Mary, C, ,

Mailing Address 3031 Shadow Dr. W

City
Arlington

State
TX

Zip Code
76006-2770

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baylor University

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12834

Amount of Each Receipt this Period

250.00

☐ Memo Item

In-kind - Swaddling Baby Artwork

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carr, Katherine Camacho, , ,

Mailing Address 1655 S Lane St

City
Seattle

State
WA

Zip Code
98144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Seattle University

Occupation (for Individual)

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12830

Amount of Each Receipt this Period

1950.00

☐ Memo Item

In-kind - One week vacation in Long Beach, Washington

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chisholm, Angela, , ,

Mailing Address 6265 NW Mountain View Dr

City
Corvallis

State
OR

Zip Code
97330-9762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Samaritan Health Services

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11AI.12926

Amount of Each Receipt this Period

5.00

☐ Memo Item

September 2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cockerham, Anne, , ,

Mailing Address 25853 Spring Farm Circl

City
Chantilly

State
VA

Zip Code
20152

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Frontier Nursing University

Occupation (for Individual)
Associate Dean for Academic Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12793

Amount of Each Receipt this Period

60.00

☐ Memo Item

In-kind - Two books: Rooted in Mountains and Unbridled Service

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cohen, Ellen, , ,

Mailing Address 280 9th Ave 2B

City
New York

State
NY

Zip Code
10001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
Retired Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12819

Amount of Each Receipt this Period

15.95

☐ Memo Item

In-kind - Book-'Laboring: Stories of a New York City Hospital Midwife' by Ellen Cohen

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.95

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cohen, Susanna, , ,

Mailing Address 1328 E 600 S

City
Salt Lake City

State
UT

Zip Code
84102-3205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Utah

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12808

Amount of Each Receipt this Period

500.00

☐ Memo Item

In-kind - ProntoPACK Birth Simulator Kit

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Collins-Fulea, Catherine, A., ,

Mailing Address Henry Ford Hospital L&D WP3

City
Detroit

State
MI

Zip Code
48202-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford Medical Group

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12810

Amount of Each Receipt this Period

200.00

☐ Memo Item

In-kind - Framed original art 'Feeding Time'

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Craig, Ellen, , ,

Mailing Address 937 La Font Rd SW

City
Albuquerque

State
NM

Zip Code
87105-3754

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12778

Amount of Each Receipt this Period

20.00

☐ Memo Item

In-kind - Bottle of Wine

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

720.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cullers, Geri, , ,

Mailing Address 3049 NW Greenbriar Ter

City
Portland

State
OR

Zip Code
97210-2710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kaiser Permanente

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12812

Amount of Each Receipt this Period

1600.00

☐ Memo Item

In-kind - One week home in San Miguel de Allende, Mexico

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Curlee, Candace, , ,

Mailing Address 526 Shanas Lane

City
Encinitas

State
CA

Zip Code
92024-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Scripps Clinic

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12816

Amount of Each Receipt this Period

100.00

☐ Memo Item

In-kind - Call the Midwife DVD's Season 1-4

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Farley, Cynthia, , ,

Mailing Address 313 N. Winter St.

City
Yellow Springs

State
OH

Zip Code
45387

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Georgetown University

Occupation (for Individual)

Adjunct Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

152.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12757

Amount of Each Receipt this Period

102.25

☐ Memo Item

In-kind - Clinical Practice Guidelines Book

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1802.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garrett-Brown, Rebecca, C., ,

Mailing Address PO Box 658

City

Rancho Santa Fe

State

CA

Zip Code

92067-0658

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UCSD Medical Center

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11AI.12936

Amount of Each Receipt this Period

100.00

☐ Memo Item

September 2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gunthert, Becky, L., ,

Mailing Address 4060 Indigo Dr Unit 211

City

Pensacola

State

FL

Zip Code

32507-7610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Midwives of Marshfield Cli

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11AI.12939

Amount of Each Receipt this Period

40.00

☐ Memo Item

September 2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Guyette, Laraine, H., ,

Mailing Address 1685 Uinta Street

City

Denver

State

CO

Zip Code

80220-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

626.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12761

Amount of Each Receipt this Period

26.00

☐ Memo Item

In-kind - Bottle of wine

SUBTOTAL of Receipts This Page (optional).....▶

166.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Guyette, Laraine, H, ,

Mailing Address 1685 Uinta Street

City
Denver

State
CO

Zip Code
80220-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12763

Amount of Each Receipt this Period

28.00

☐ Memo Item

In-kind - Bottle of wine

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Guyette, Laraine, H, ,

Mailing Address 1685 Uinta Street

City
Denver

State
CO

Zip Code
80220-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

678.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12765

Amount of Each Receipt this Period

24.00

☐ Memo Item

In-kind - Bottle of wine

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Guyette, Laraine, H, ,

Mailing Address 1685 Uinta Street

City
Denver

State
CO

Zip Code
80220-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

703.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12767

Amount of Each Receipt this Period

25.00

☐ Memo Item

In-kind - Bottle of wine

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

77.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hanson, Lisa, , ,

Mailing Address 530 N 16th St Clark Hall 341

City
Milwaukee

State
WI

Zip Code
53233-2160

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Marquette Univ, NM Program

Occupation (for Individual)

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12823

Amount of Each Receipt this Period

80.00

☐ Memo Item

In-kind - Framed print-Wisconsin Flowers

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hanson, Lisa, , ,

Mailing Address 530 N 16th St Clark Hall 341

City
Milwaukee

State
WI

Zip Code
53233-2160

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Marquette Univ, NM Program

Occupation (for Individual)

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12825

Amount of Each Receipt this Period

150.00

☐ Memo Item

In-kind - Unique interchangeable necklace

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harman, Patricia, J, ,

Mailing Address 3011 Greystone Dr.

City
Morgantown

State
WV

Zip Code
26508-8600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Author

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

135.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12861

Amount of Each Receipt this Period

75.00

☐ Memo Item

In-kind - Five books by Patricia Harman

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

305.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hayes, Emily, Hart, ,

Mailing Address 10906 Weiss Drive

City
South Jordan

State
UT

Zip Code
84009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Utah Collg of Nursing

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

155.79

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12877

Amount of Each Receipt this Period

65.79

☐ Memo Item

In-kind - Books, DVD and signed framed quote

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hayes, Emily, Hart, ,

Mailing Address 10906 Weiss Drive

City
South Jordan

State
UT

Zip Code
84009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Utah Collg of Nursing

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.79

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12879

Amount of Each Receipt this Period

30.00

☐ Memo Item

In-kind - Hand-crocheted 'Chummy' doll

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hayes, Emily, Hart, ,

Mailing Address 10906 Weiss Drive

City
South Jordan

State
UT

Zip Code
84009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Utah Collg of Nursing

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1591.79

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12881

Amount of Each Receipt this Period

1406.00

☐ Memo Item

In-kind - Jewelry and Scarves

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1501.79

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hayes, Emily, Hart, ,

Mailing Address 10906 Weiss Drive

City
South Jordan

State
UT

Zip Code
84009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Utah Collg of Nursing

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3091.79

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12883

Amount of Each Receipt this Period

1500.00

☐ Memo Item

In-kind - One Week Stay at Snowbird Mountain Resort

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Henning, Denise, , ,

Mailing Address PO Box 50099

City
Fort Myers

State
FL

Zip Code
33994

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Healthcare Netwk of SW Florida

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11AI.12930

Amount of Each Receipt this Period

200.00

☐ Memo Item

September 2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hoover, Cheri, Van, ,

Mailing Address P.O.Box 1658Port

City
Hadlock

State
WA

Zip Code
98339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12805

Amount of Each Receipt this Period

500.00

☐ Memo Item

In-kind - Three-night stay at The Great Blue Heron's Nest Apartment

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jaffe, Fern, Blumenfeld, ,

Mailing Address 236 Old Post Road

City
Fairfield

State
CT

Zip Code
06824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Optimus Healthcare

Occupation (for Individual)
Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

09 / 19 / 2016

Transaction ID : SA11AI.12942

Amount of Each Receipt this Period

200.00

☐ Memo Item

September 2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jagger, Jennifer, Gwen, ,

Mailing Address 3742 NW Boxwood Pl

City
Corvallis

State
OR

Zip Code
97330-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan Regionl Med Ctr

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.00

Date of Receipt

09 / 30 / 2016

Transaction ID : SA11AI.12791

Amount of Each Receipt this Period

223.00

☐ Memo Item

In-kind - Six bottles of wine and tequila

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jagger, Jennifer, Gwen, ,

Mailing Address 3742 NW Boxwood Pl

City
Corvallis

State
OR

Zip Code
97330-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan Regionl Med Ctr

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1915.00

Date of Receipt

09 / 30 / 2016

Transaction ID : SA11AI.12859

Amount of Each Receipt this Period

542.00

☐ Memo Item

In-kind - Four Baby Wrap Carriers & Three Gift Certificates

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

965.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jenson, Laura, , ,

Mailing Address 4208 SE 9th Ave

City
Portland

State
OR

Zip Code
97202-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Health & Science Univ

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12836

Amount of Each Receipt this Period

68.00

☐ Memo Item

In-kind - Watercolor print-pregnant abdomen

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Johnson, Tina, , ,

Mailing Address 3722 Kanawha Avenue

City

Point of Rocks

State
MD

Zip Code
21777

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American College of Nurse-Midw

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12867

Amount of Each Receipt this Period

1400.00

☐ Memo Item

In-kind - One week's stay at Deep Creek Lake

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jordan, Robin, G, ,

Mailing Address 8480 Bear Cove Ln

City

Petoskey

State
MI

Zip Code
49770-8579

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Central Michigan College

Occupation (for Individual)
Professor of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12755

Amount of Each Receipt this Period

15.00

☐ Memo Item

In-kind - Prenatal & Postnatal Care Book

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1483.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kessler, Julia, Lange, ,

Mailing Address 163 William Lain Rd.

City
Westtown

State
NY

Zip Code
10998-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Georgetown University

Occupation (for Individual)
Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

09 / 30 / 2016

Transaction ID : SA11AI.12843

Amount of Each Receipt this Period

1200.00

☐ Memo Item

In-kind - A Weekend Getaway in a Studio in New York City

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kluender, Kala, , ,

Mailing Address 8039 Lee Dr Unit 203

City
Arvada

State
CO

Zip Code
80005-2190

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Planned Parenthood

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

09 / 30 / 2016

Transaction ID : SA11AI.12775

Amount of Each Receipt this Period

65.00

☐ Memo Item

In-kind - Two bottles of wine

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Krainchich, Elizabeth, , ,

Mailing Address 29507 SW Meadows Loop Apt 263

City
Wilsonville

State
OR

Zip Code
97070-5827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

9.00

Date of Receipt

09 / 19 / 2016

Transaction ID : SA11AI.12934

Amount of Each Receipt this Period

9.00

☐ Memo Item

September 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1274.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lelaidier, Gloria, Jean, ,

Mailing Address 72 South St.

City

Saint Augustine

State

FL

Zip Code

32084-5127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Dr. Reda Alami M.D. OB/GYN

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11Al.12925

Amount of Each Receipt this Period

25.00

☐ Memo Item

September 2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Levi, Amy, J., ,

Mailing Address 726 Tramway Vista Ct NE
Unit 1

City

Albuquerque

State

NM

Zip Code

87122-1660

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ. of NM College of Nursing

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11Al.12759

Amount of Each Receipt this Period

20.00

☐ Memo Item

In-kind - Bottle of wine

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City

Nipomo

State

CA

Zip Code

93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Santa Barbara Co. Health Dept.

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11Al.12941

Amount of Each Receipt this Period

100.00

☐ Memo Item

September 2016 Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12725

Amount of Each Receipt this Period

16.99

☐ Memo Item

In-kind - Gentle Birth, Gentle Mothering Book

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12728

Amount of Each Receipt this Period

20.00

☐ Memo Item

In-kind - Two child's turquoise bracelets

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1901.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12730

Amount of Each Receipt this Period

65.00

☐ Memo Item

In-kind - Chimayo Road runner Rug

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

101.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1836.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12731

Amount of Each Receipt this Period

1600.00

☐ Memo Item

In-kind - Ganado Navajo Rug

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1951.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12735

Amount of Each Receipt this Period

50.00

☐ Memo Item

In-kind - Navajo Hogan Model

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2026.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12737

Amount of Each Receipt this Period

75.00

☐ Memo Item

In-kind - Hopi Overlay earring and necklace set

SUBTOTAL of Receipts This Page (optional).....▶

1725.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2121.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12739

Amount of Each Receipt this Period

95.00

☐ Memo Item

In-kind - Hopi overlay pendant

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2196.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12741

Amount of Each Receipt this Period

75.00

☐ Memo Item

In-kind - Nambe Handled Bowl

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2271.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12743

Amount of Each Receipt this Period

75.00

☐ Memo Item

In-kind - Nambe set candle holders

SUBTOTAL of Receipts This Page (optional)..... ►

245.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12745

Amount of Each Receipt this Period

20.00

☐ Memo Item

In-kind - Two pair knitted infant hat and booties

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2315.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12748

Amount of Each Receipt this Period

24.00

☐ Memo Item

In-kind - Two pair Guatemalan infant and child booties

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2615.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12901

Amount of Each Receipt this Period

300.00

☐ Memo Item

In-kind - Navajo Rug

SUBTOTAL of Receipts This Page (optional)..... ►

344.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2631.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12903

Amount of Each Receipt this Period

16.00

☐ Memo Item

In-kind - Two pair sea shell earrings

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2646.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12905

Amount of Each Receipt this Period

15.00

☐ Memo Item

In-kind - One pair mother of pearl earrings

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2666.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12907

Amount of Each Receipt this Period

20.00

☐ Memo Item

In-kind - One pair mother of pearl inlay earrings

SUBTOTAL of Receipts This Page (optional).....▶

51.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2674.99

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12909

Amount of Each Receipt this Period

8.00

☐ Memo Item

In-kind - One pair sea shell earrings

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2688.99

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12911

Amount of Each Receipt this Period

14.00

☐ Memo Item

In-kind - Two pair cloisonne earrings

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
Nipomo

State
CA

Zip Code
93444-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Barbara Co. Health Dept.

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2708.99

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12913

Amount of Each Receipt this Period

20.00

☐ Memo Item

In-kind - Two pair knitted infant hat and booties

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

42.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Likis, Francie, E, ,

Mailing Address 4530 Everett Drive

City
Nashville

State
TN

Zip Code
37215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American College of Nurse-Midw

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

38.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12885

Amount of Each Receipt this Period

38.00

☐ Memo Item

In-kind - Noonday Collection Monaco Bracelet

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Likis, Francie, E, ,

Mailing Address 4530 Everett Drive

City
Nashville

State
TN

Zip Code
37215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American College of Nurse-Midw

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

68.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12887

Amount of Each Receipt this Period

30.00

☐ Memo Item

In-kind - Noonday Collection Calypso Earrings

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Likis, Francie, E, ,

Mailing Address 4530 Everett Drive

City
Nashville

State
TN

Zip Code
37215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American College of Nurse-Midw

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

128.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12889

Amount of Each Receipt this Period

60.00

☐ Memo Item

In-kind - Noonday Collection Azul Infinity Scarf

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

128.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lonsdale, Linda, , ,

Mailing Address 3805 State Highway 14

City
Santa Fe

State
NM

Zip Code
87508-8086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Unemployed

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

09 / 19 / 2016

Transaction ID : SA11AI.12940

Amount of Each Receipt this Period

135.00

☐ Memo Item

September 2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Low, Lisa Kane, , ,

Mailing Address 4701 Bridgeway

City
Ann Arbor

State
MI

Zip Code
48103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan

Occupation (for Individual)
Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

09 / 30 / 2016

Transaction ID : SA11AI.12846

Amount of Each Receipt this Period

250.00

☐ Memo Item

In-kind - Breakfast with President-Elect Lisa Kane Low

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lukes, Catherine, , ,

Mailing Address 714 Rincon Rd

City
Corrales

State
NM

Zip Code
87048-7646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

38.00

Date of Receipt

09 / 30 / 2016

Transaction ID : SA11AI.12782

Amount of Each Receipt this Period

38.00

☐ Memo Item

In-kind - Bottle of wine

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

423.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. May, Heidi, , ,

Mailing Address PO Box 478

City
Ester

State
AK

Zip Code
99725-0478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fairbanks Memorial Hospital

Occupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

MM / DD / YYYY
09 / 19 / 2016

Transaction ID : SA11AI.12928

Amount of Each Receipt this Period

10.00

☐ Memo Item

September 2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Migliaccio, Laura, D, ,

Mailing Address 1325 Wellesley Dr NE

City

Albuquerque

State

NM

Zip Code

87106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ. Midwifery Associates

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24.99

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12786

Amount of Each Receipt this Period

24.99

☐ Memo Item

In-kind - Bottle of Tequila

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Miller, Cynthia, , ,

Mailing Address 1871 N Circulo De La Cienega

City

Tucson

State

AZ

Zip Code

85715-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Banner University Medical Ctr

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

MM / DD / YYYY
09 / 19 / 2016

Transaction ID : SA11AI.12938

Amount of Each Receipt this Period

50.00

☐ Memo Item

September 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

84.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Miller, Mary, Kay, ,

Mailing Address 13300 Gulf Blvd Apt C

City
Madeira Beach

State
FL

Zip Code
33708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Partners in Women's Hlth Care

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11Al.12854

Amount of Each Receipt this Period

170.00

☐ Memo Item

In-kind - Four handknitted baby sweaters and two blankets

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Munoz, Elizabeth, , ,

Mailing Address 2924 Scott Ave

City
Nashville

State
TN

Zip Code
37216-3123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11Al.12945

Amount of Each Receipt this Period

10.00

☐ Memo Item

September 2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Murphy, Patricia, , ,

Mailing Address 330 S 1200 E

City
Salt Lake City

State
UT

Zip Code
84102-2653

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American College of Nurse-Midw

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11Al.12751

Amount of Each Receipt this Period

100.00

☐ Memo Item

In-kind - Framed 'Henry en Utero' photograph

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

280.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Murphy, Patricia, , ,

Mailing Address 330 S 1200 E

City
Salt Lake City

State
UT

Zip Code
84102-2653

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American College of Nurse-Midw

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12753

Amount of Each Receipt this Period

125.00

☐ Memo Item

In-kind - Figurines and posters

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nash, Jennifer, , ,

Mailing Address PO Box 8383

City
Tuba City

State
AZ

Zip Code
86045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12943

Amount of Each Receipt this Period

100.00

☐ Memo Item

September 2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nierenberg, Susan, , ,

Mailing Address 365 Edgewood Ave.

City
Teaneck

State
NJ

Zip Code
07666-3024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Joseph's Regional Med. Cen

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11AI.12935

Amount of Each Receipt this Period

15.00

☐ Memo Item

September 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

240.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ortiz, Felina, , ,

Mailing Address 9704 Triana PI NW

City
Albuquerque

State
NM

Zip Code
87114-3479

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of New Mexico

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11Al.12789

Amount of Each Receipt this Period

25.00

☐ Memo Item

In-kind - Bottle of Damiana Liquor

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Palmer, Michelle, , ,

Mailing Address PO Box 209

City
Charlestown

State
RI

Zip Code
02813-0209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RI Home Birth and Hope Fam Hlt

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11Al.12944

Amount of Each Receipt this Period

25.00

☐ Memo Item

September 2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Patterson, Elisa, L, ,

Mailing Address 1535 Taft Ct

City
Louisville

State
CO

Zip Code
80027-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11Al.12770

Amount of Each Receipt this Period

110.00

☐ Memo Item

In-kind - Bottle of wine and Colorado Affiliate Meeting Registration

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Romano, Amy, , ,

Mailing Address 67 Hauser Street

City
Milford

State
CT

Zip Code
06460-5854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baby+Company

Occupation (for Individual)

Senior Vice President-Clinical Program

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12869

Amount of Each Receipt this Period

50.00

☐ Memo Item

In-kind - Book-Optimal Care in Childbirth

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Romano, Amy, , ,

Mailing Address 67 Hauser Street

City
Milford

State
CT

Zip Code
06460-5854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baby+Company

Occupation (for Individual)

Senior Vice President-Clinical Program

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1113.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12871

Amount of Each Receipt this Period

30.00

☐ Memo Item

In-kind - Book-Our Bodies, Ourselves

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sala, Debra, , ,

Mailing Address 2513 E Windsor Dr

City
Denton

State
TX

Zip Code
76209-6218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Inanna Birth & Women's Care

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11AI.12937

Amount of Each Receipt this Period

100.00

☐ Memo Item

September 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sanders, Diana, M, ,

Mailing Address 9998 W 1350 N

City
Nappanee

State
IN

Zip Code
46550-8791

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Childbirth Choices & Wmn's Hlt

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11AI.12931

Amount of Each Receipt this Period

25.00

☐ Memo Item

September 2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schalck, Paulette, , ,

Mailing Address 2829 Damascus Rd

City
Hebron

State
KY

Zip Code
41048-9753

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TriHealth Nurse Midwives

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11AI.12927

Amount of Each Receipt this Period

50.00

☐ Memo Item

September 2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sedler, Kay, D, ,

Mailing Address 700 Palomas Dr NE

City
Albuquerque

State
NM

Zip Code
87108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

32.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12780

Amount of Each Receipt this Period

32.00

☐ Memo Item

In-kind - Bottle of wine

SUBTOTAL of Receipts This Page (optional).....▶

107.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Skinner, Susan, M, ,

Mailing Address 3625 Arbor Dr. NW

City
Rochester

State
MN

Zip Code
55901-4158

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayo Clinic Rochester

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12863

Amount of Each Receipt this Period

100.00

☐ Memo Item

In-kind - Necklace, earrings and bangle

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Slack, Blake, , ,

Mailing Address 26 Garrison Ave Apt 1

City
Somerville

State
MA

Zip Code
02144-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dimensions Healthcare System

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

MM / DD / YYYY
09 / 19 / 2016

Transaction ID : SA11AI.12929

Amount of Each Receipt this Period

50.00

☐ Memo Item

September 2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Slager, Joan, , ,

Mailing Address 3681 S 26th Street

City
Kalamazoo

State
MI

Zip Code
49048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bronson Methodist Hospital

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12841

Amount of Each Receipt this Period

300.00

☐ Memo Item

In-kind - Coding and Billing Consultation or Webinar

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Summers, Lisa, , ,

Mailing Address Unit 3400, Box 188

City

Diplomatic Post Office

State

AA

Zip Code

34060-0188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American Nurses Association

Occupation (for Individual)

Policy Analyst

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12850

Amount of Each Receipt this Period

25.00

☐ Memo Item

In-kind - Haitian vodou art - paket kongo

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sun, Kimm, J, ,

Mailing Address 254 Hoyt Street

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-employed

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12865

Amount of Each Receipt this Period

800.00

☐ Memo Item

In-kind - Framed photo

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tallman, Nora, , ,

Mailing Address 2220 N Country Club Dr

City

Canby

State

OR

Zip Code

97013-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OHSU Nurse-Midwifery Practice

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

13.60

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12828

Amount of Each Receipt this Period

13.60

☐ Memo Item

In-kind - Book-The Inner work of Birth

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

838.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thomas, Celeste, , ,

Mailing Address 1194 S McClelland St

City

Salt Lake City

State

UT

Zip Code

84105-1848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Utah

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12803

Amount of Each Receipt this Period

240.00

☐ Memo Item

In-kind - AquaBorn Birth Tub

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Viera, Monica, , ,

Mailing Address 330 California Ave Apt 304

City

Santa Monica

State

CA

Zip Code

90403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

S. California Perm. Med. Group

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

739.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12857

Amount of Each Receipt this Period

500.00

☐ Memo Item

In-kind - One day cruise in Santa Monica Bay on a sailboat

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Walker, Jerri, , ,

Mailing Address 527 Ocean Ave

City

Portland

State

ME

Zip Code

04103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Back Cove Midwives

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.12839

Amount of Each Receipt this Period

15.00

☐ Memo Item

In-kind - OR scrub caps

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

755.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yeast, Emily, A, ,

Mailing Address 83 Regent St #3

City
Saratoga Springs

State
NY

Zip Code
12866-4515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Women's Care OBGyn

Occupation (for Individual)
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

883.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.12821

Amount of Each Receipt this Period

378.00

☐ Memo Item

In-kind - Two nights at the Belmont Inn

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

378.00

20987.16

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Adkisson, Kendra, M, ,

Mailing Address 111 Wabash Dr.

City
LexingtonState
KYZip Code
40503-1920Purpose of Disbursement
In-kind - Auction items, supplies, stamps

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12849**

Amount of Each Disbursement this Period

 278.59☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Akins, Susan, , ,

Mailing Address PO Box 244

City
EmbudoState
NMZip Code
87531-0244Purpose of Disbursement
In-kind - Bottle of wine

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12785**

Amount of Each Disbursement this Period

 25.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anderson, Barbara, , ,

Mailing Address 4263 Quail Rd.

City
RiversideState
CAZip Code
92507-4814Purpose of Disbursement
In-kind - Book-Best Practices in Midwifery

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12874**

Amount of Each Disbursement this Period

 50.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 353.59

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Anderson, Barbara, , ,

Mailing Address 4263 Quail Rd.

City
RiversideState
CAZip Code
92507-4814Purpose of Disbursement
In-kind - Book-DNP Capstone Projects

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12876**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Avery, Melissa, D, ,

Mailing Address 4845 Irving Ave S

City
MinneapolisState
MNZip Code
55419-5233Purpose of Disbursement
In-kind - Book-Supporting a physiologic approach to pregnancy and birth

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12853**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bair, Jeanne, , ,

Mailing Address 613 S High St

City
DenverState
COZip Code
80209Purpose of Disbursement
In-kind - Bottle of wine

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12773**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 7810 Old Branch Avenue

City
ClintonState
MDZip Code
20735Purpose of Disbursement
Bank of America fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12947**

Amount of Each Disbursement this Period

19.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bardacke, Nancy, , ,

Mailing Address 6538 Dana St

City
OaklandState
CAZip Code
94609Purpose of Disbursement
In-kind - Two copies of Mindful Birthing book and CD

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12916**

Amount of Each Disbursement this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Biscone, Erin, , ,

Mailing Address 1913 Banks St.

City
HoustonState
TXZip Code
77098-5405Purpose of Disbursement
In-kind - Turquoise Bead Bracelet

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12796**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

139.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Biscone, Erin, , ,

Mailing Address 1913 Banks St.

City
HoustonState
TXZip Code
77098-5405Purpose of Disbursement
In-kind - Silver/semi-precious stone drop earrings

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12798**

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bradford, Heather, , ,

Mailing Address 527 Kirkland Avenue

City
KirklandState
WAZip Code
98033-6220Purpose of Disbursement
In-kind - Placenta Cards and Poster

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12801**

Amount of Each Disbursement this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bradford, Heather, , ,

Mailing Address 527 Kirkland Avenue

City
KirklandState
WAZip Code
98033-6220Purpose of Disbursement
In-kind - Birth log

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12898**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

145.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Bradford, Heather, , ,

Mailing Address 527 Kirkland Avenue

City
KirklandState
WAZip Code
98033-6220Purpose of Disbursement
In-kind - Five Stella plus Dot items

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12900**

Amount of Each Disbursement this Period

265.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Breedlove, Ginger, , ,

Mailing Address 13608 W 54th St.

City
ShawneeState
KSZip Code
66216-5110Purpose of Disbursement
In-kind - ACNM Past Presidents 252 Piece Puzzle

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12892**

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Breedlove, Ginger, , ,

Mailing Address 13608 W 54th St.

City
ShawneeState
KSZip Code
66216-5110Purpose of Disbursement
In-kind - Handmade Tapered French Rolling Pin

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12894**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

355.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Breedlove, Ginger, , ,

Mailing Address 13608 W 54th St.

City
ShawneeState
KSZip Code
66216-5110Purpose of Disbursement
In-kind - ACNM 60th Midwives of Color Puzzle

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12896**

Amount of Each Disbursement this Period

 40.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brucker, Mary, C, ,

Mailing Address 3031 Shadow Dr. W

City
ArlingtonState
TXZip Code
76006-2770Purpose of Disbursement
In-kind - Lactating Breast Artwork

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12833**

Amount of Each Disbursement this Period

 250.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brucker, Mary, C, ,

Mailing Address 3031 Shadow Dr. W

City
ArlingtonState
TXZip Code
76006-2770Purpose of Disbursement
In-kind - Swaddling Baby Artwork

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12833**

Amount of Each Disbursement this Period

 250.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 540.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Carr, Katherine Camacho, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

Mailing Address 1655 S Lane St

City
SeattleState
WAZip Code
98144

Purpose of Disbursement

In-kind - One week vacation in Long Beach, Washington

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.12831**

Amount of Each Disbursement this Period

1950.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cockerham, Anne, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

Mailing Address 25853 Spring Farm Circl

City
ChantillyState
VAZip Code
20152

Purpose of Disbursement

In-kind - Two books: Rooted in Mountains and Unbridled Service

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.12794**

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cohen, Ellen, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

Mailing Address 280 9th Ave 2B

City
New YorkState
NYZip Code
10001

Purpose of Disbursement

In-kind - Book-'Laboring: Stories of a New York City Hospital Midwife' by Ellen

Cohen
Candidate NameCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.12821**

Amount of Each Disbursement this Period

15.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2025.95

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Cohen, Susanna, , ,

Mailing Address 1328 E 600 S

City
Salt Lake CityState
UTZip Code
84102-3205Purpose of Disbursement
In-kind - ProntoPACK Birth Simulator Kit

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12809**

Amount of Each Disbursement this Period

 500.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Collins-Fulea, Catherine, A., ,

Mailing Address Henry Ford Hospital L&D WP3

City
DetroitState
MIZip Code
48202-2608Purpose of Disbursement
In-kind - Framed original art 'Feeding Time'

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12811**

Amount of Each Disbursement this Period

 200.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Craig, Ellen, , ,

Mailing Address 937 La Font Rd SW

City
AlbuquerqueState
NMZip Code
87105-3754Purpose of Disbursement
In-kind - Bottle of Wine

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12775**

Amount of Each Disbursement this Period

 20.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 720.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Cullers, Geri, , ,

Mailing Address 3049 NW Greenbriar Ter

City
PortlandState
ORZip Code
97210-2710

Purpose of Disbursement

In-kind - One week home in San Miguel de Allende, Mexico

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12813**

Amount of Each Disbursement this Period

1600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Curlee, Candace, , ,

Mailing Address 526 Shanas Lane

City
EncinitasState
CAZip Code
92024-2435

Purpose of Disbursement

In-kind - Call the Midwife DVD's Season 1-4

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12817**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Farley, Cynthia, , ,

Mailing Address 313 N. Winter St.

City
Yellow SpringsState
OHZip Code
45387

Purpose of Disbursement

In-kind - Clinical Practice Guidelines Book

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12758**

Amount of Each Disbursement this Period

102.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1802.25

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Guyette, Laraine, H, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 1685 Uinta Street

City
DenverState
COZip Code
80220-2117Purpose of Disbursement
In-kind - Bottle of wine

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12762**

Amount of Each Disbursement this Period

26.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Guyette, Laraine, H, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 1685 Uinta Street

City
DenverState
COZip Code
80220-2117Purpose of Disbursement
In-kind - Bottle of wine

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12764**

Amount of Each Disbursement this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Guyette, Laraine, H, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 1685 Uinta Street

City
DenverState
COZip Code
80220-2117Purpose of Disbursement
In-kind - Bottle of wine

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12766**

Amount of Each Disbursement this Period

24.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

78.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Guyette, Laraine, H, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 1685 Uinta Street

City
DenverState
COZip Code
80220-2117Purpose of Disbursement
In-kind - Bottle of wine

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12768**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hanson, Lisa, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 530 N 16th St Clark Hall 341

City
MilwaukeeState
WIZip Code
53233-2160Purpose of Disbursement
In-kind - Framed print-Wisconsin Flowers

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12824**

Amount of Each Disbursement this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hanson, Lisa, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 530 N 16th St Clark Hall 341

City
MilwaukeeState
WIZip Code
53233-2160Purpose of Disbursement
In-kind - Unique interchangeable necklace

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12824**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

255.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Harman, Patricia, J, ,

Mailing Address 3011 Greystone Dr.

City
MorgantownState
WVZip Code
26508-8600Purpose of Disbursement
In-kind - Five books by Patricia Harman

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12862**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hayes, Emily, Hart, ,

Mailing Address 10906 Weiss Drive

City
South JordanState
UTZip Code
84009Purpose of Disbursement
In-kind - Books, DVD and signed framed quote

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12878**

Amount of Each Disbursement this Period

65.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hayes, Emily, Hart, ,

Mailing Address 10906 Weiss Drive

City
South JordanState
UTZip Code
84009Purpose of Disbursement
In-kind - Hand-crocheted 'Chummy' doll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12888**

Amount of Each Disbursement this Period

30.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

170.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Hayes, Emily, Hart, ,

Mailing Address 10906 Weiss Drive

City
South JordanState
UTZip Code
84009Purpose of Disbursement
In-kind - Jewelry and Scarves

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12882**

Amount of Each Disbursement this Period

1406.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hayes, Emily, Hart, ,

Mailing Address 10906 Weiss Drive

City
South JordanState
UTZip Code
84009Purpose of Disbursement
In-kind - One Week Stay at Snowbird Mountain Resort

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12884**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hoover, Cheri, Van, ,

Mailing Address P.O.Box 1658Port

City
HadlockState
WAZip Code
98339Purpose of Disbursement
In-kind - Three-night stay at The Great Blue Heron's Nest Apartment

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12806**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3406.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jagger, Jennifer, Gwen, ,

Mailing Address 3742 NW Boxwood Pl

City
CorvallisState
ORZip Code
97330-3309Purpose of Disbursement
In-kind - Six bottles of wine and tequila

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12792**

Amount of Each Disbursement this Period

223.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jagger, Jennifer, Gwen, ,

Mailing Address 3742 NW Boxwood Pl

City
CorvallisState
ORZip Code
97330-3309Purpose of Disbursement
In-kind - Four Baby Wrap Carriers & Three Gift Certificates

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12860**

Amount of Each Disbursement this Period

542.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jenson, Laura, , ,

Mailing Address 4208 SE 9th Ave

City
PortlandState
ORZip Code
97202-5005Purpose of Disbursement
In-kind - Watercolor print-pregnant abdomen

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12837**

Amount of Each Disbursement this Period

68.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

833.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Johnson, Tina, , ,

Mailing Address 3722 Kanawha Avenue

City
Point of RocksState
MDZip Code
21777Purpose of Disbursement
In-kind - One week's stay at Deep Creek Lake

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12868**

Amount of Each Disbursement this Period

1400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jordan, Robin, G, ,

Mailing Address 8480 Bear Cove Ln

City
PetoskeyState
MIZip Code
49770-8579Purpose of Disbursement
In-kind - Prenatal & Postnatal Care Book

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12756**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kessler, Julia, Lange, ,

Mailing Address 163 William Lain Rd.

City
WesttownState
NYZip Code
10998-3906Purpose of Disbursement
In-kind - A Weekend Getaway in a Studio in New York City

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12844**

Amount of Each Disbursement this Period

1200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2615.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kluender, Kala, , ,

Mailing Address 8039 Lee Dr Unit 203

City
ArvadaState
COZip Code
80005-2190Purpose of Disbursement
In-kind - Two bottles of wine

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12776**

Amount of Each Disbursement this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Levi, Amy, J., ,Mailing Address 726 Tramway Vista Ct NE
Unit 1City
AlbuquerqueState
NMZip Code
87122-1660Purpose of Disbursement
In-kind - Bottle of wine

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12760**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - Gentle Birth, Gentle Mothering Book

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12727**

Amount of Each Disbursement this Period

16.99

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

101.99

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - Two child's turquoise bracelets

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12729**

Amount of Each Disbursement this Period

 20.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - Ganado Navajo Rug

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12732**

Amount of Each Disbursement this Period

 1600.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lewis, Nora, McDermott, ,

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - Chimayo Road runner Rug

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12733**

Amount of Each Disbursement this Period

 65.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 1685.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lewis, Nora, McDermott, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - Navajo Hogan Model

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12736**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lewis, Nora, McDermott, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - Hopi Overlay earring and necklace set

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12738**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lewis, Nora, McDermott, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - Hopi overlay pendant

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12740**

Amount of Each Disbursement this Period

95.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

220.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lewis, Nora, McDermott, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - Nambe Handled Bowl

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12742**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lewis, Nora, McDermott, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - Nambe set candle holders

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12744**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lewis, Nora, McDermott, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - Two pair knitted infant hat and booties

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12747**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

170.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lewis, Nora, McDermott, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736

Purpose of Disbursement

In-kind - Two pair Guatemalan infant and child booties

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.12749**

Amount of Each Disbursement this Period

24.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Lewis, Nora, McDermott, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736

Purpose of Disbursement

In-kind - Navajo Rug

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.12902**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Lewis, Nora, McDermott, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736

Purpose of Disbursement

In-kind - Two pair sea shell earrings

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.12904**

Amount of Each Disbursement this Period

16.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

340.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lewis, Nora, McDermott, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - One pair mother of pearl earrings

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12906**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lewis, Nora, McDermott, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - One pair mother of pearl inlay earrings

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12908**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lewis, Nora, McDermott, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - One pair sea shell earrings

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12911**

Amount of Each Disbursement this Period

8.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

43.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lewis, Nora, McDermott, ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - Two pair cloisonne earrings

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12912**

Amount of Each Disbursement this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lewis, Nora, McDermott, ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

Mailing Address 759 Drumm Lane

City
NipomoState
CAZip Code
93444-9736Purpose of Disbursement
In-kind - Two pair knitted infant hat and booties

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12914**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Likis, Francie, E, ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

Mailing Address 4530 Everett Drive

City
NashvilleState
TNZip Code
37215Purpose of Disbursement
In-kind - Noonday Collection Monaco Bracelet

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12886**

Amount of Each Disbursement this Period

38.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

72.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Likis, Francie, E, ,

Mailing Address 4530 Everett Drive

City
NashvilleState
TNZip Code
37215Purpose of Disbursement
In-kind - Noonday Collection Calypso Earrings

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12888**

Amount of Each Disbursement this Period

 30.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Likis, Francie, E, ,

Mailing Address 4530 Everett Drive

City
NashvilleState
TNZip Code
37215Purpose of Disbursement
In-kind - Noonday Collection Azul Infinity Scarf

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12890**

Amount of Each Disbursement this Period

 60.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Low, Lisa Kane, , ,

Mailing Address 4701 Bridgeway

City
Ann ArborState
MIZip Code
48103Purpose of Disbursement
In-kind - Breakfast with President-Elect Lisa Kane Low

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C **Transaction ID : SB21B.12847**

Amount of Each Disbursement this Period

 250.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 340.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lukes, Catherine, , ,

Mailing Address 714 Rincon Rd

City
CorralesState
NMZip Code
87048-7646Purpose of Disbursement
In-kind - Bottle of wine

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12783**

Amount of Each Disbursement this Period

38.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Migliaccio, Laura, D, ,

Mailing Address 1325 Wellesley Dr NE

City
AlbuquerqueState
NMZip Code
87106Purpose of Disbursement
In-kind - Bottle of Tequila

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12787**

Amount of Each Disbursement this Period

24.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Miller, Mary, Kay, ,

Mailing Address 13300 Gulf Blvd Apt C

City
Madeira BeachState
FLZip Code
33708Purpose of Disbursement
In-kind - Four handknitted baby sweaters and two blankets

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12855**

Amount of Each Disbursement this Period

170.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

232.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Murphy, Patricia, , ,

Mailing Address 330 S 1200 E

City
Salt Lake CityState
UTZip Code
84102-2653Purpose of Disbursement
In-kind - Framed 'Henry en Utero' photograph

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12752**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Murphy, Patricia, , ,

Mailing Address 330 S 1200 E

City
Salt Lake CityState
UTZip Code
84102-2653Purpose of Disbursement
In-kind - Figurines and posters

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12754**

Amount of Each Disbursement this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ortiz, Felina, , ,

Mailing Address 9704 Triana PI NW

City
AlbuquerqueState
NMZip Code
87114-3479Purpose of Disbursement
In-kind - Bottle of Damiana Liquor

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.1279C**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Patterson, Elisa, L, ,

Mailing Address 1535 Taft Ct

City
LouisvilleState
COZip Code
80027-1021

Purpose of Disbursement

In-kind - Bottle of wine and Colorado Affiliate Meeting Registration

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12771**

Amount of Each Disbursement this Period

110.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paypal INC

Mailing Address 4100 Solutions Center #774100

City
ChicagoState
ILZip Code
60677

Purpose of Disbursement

PayPal fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	6		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12948**

Amount of Each Disbursement this Period

59.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Romano, Amy, , ,

Mailing Address 67 Hauser Street

City
MilfordState
CTZip Code
06460-5854

Purpose of Disbursement

In-kind - Book-Optimal Care in Childbirth

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.12871**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

219.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Romano, Amy, , ,

Mailing Address 67 Hauser Street

City
MilfordState
CTZip Code
06460-5854Purpose of Disbursement
In-kind - Book-Our Bodies, Ourselves

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12872**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sedler, Kay, D, ,

Mailing Address 700 Palomas Dr NE

City
AlbuquerqueState
NMZip Code
87108Purpose of Disbursement
In-kind - Bottle of wine

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12781**

Amount of Each Disbursement this Period

32.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Skinner, Susan, M, ,

Mailing Address 3625 Arbor Dr. NW

City
RochesterState
MNZip Code
55901-4158Purpose of Disbursement
In-kind - Necklace, earrings and bangle

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12864**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

162.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Slager, Joan, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 3681 S 26th Street

City
KalamazooState
MIZip Code
49048Purpose of Disbursement
In-kind - Coding and Billing Consultation or Webinar

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12842**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Summers, Lisa, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address Unit 3400, Box 188

City
Diplomatic Post OfficeState
AAZip Code
34060-0188Purpose of Disbursement
In-kind - Haitian vodou art - paket kongo

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12851**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sun, Kimm, J, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 254 Hoyt Street

City
BrooklynState
NYZip Code
11217Purpose of Disbursement
In-kind - Framed photo

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB21B.12866**

Amount of Each Disbursement this Period

800.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1125.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Tallman, Nora, , ,

Mailing Address 2220 N Country Club Dr

City
CanbyState
ORZip Code
97013-2124Purpose of Disbursement
In-kind - Book-The Inner work of Birth

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12829**

Amount of Each Disbursement this Period

13.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas, Celeste, , ,

Mailing Address 1194 S McClelland St

City
Salt Lake CityState
UTZip Code
84105-1848Purpose of Disbursement
In-kind - AquaBorn Birth Tub

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12804**

Amount of Each Disbursement this Period

240.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Viera, Monica, , ,

Mailing Address 330 California Ave Apt 304

City
Santa MonicaState
CAZip Code
90403Purpose of Disbursement
In-kind - One day cruise in Santa Monica Bay on a sailboat

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12858**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

753.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Walker, Jerri, , ,

Mailing Address 527 Ocean Ave

City
PortlandState
MEZip Code
04103Purpose of Disbursement
In-kind - OR scrub caps

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12840**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Yeast, Emily, A, ,

Mailing Address 83 Regent St #3

City
Saratoga SpringsState
NYZip Code
12866-4515Purpose of Disbursement
In-kind - Two nights at the Belmont Inn

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C**Transaction ID : SB21B.12822**

Amount of Each Disbursement this Period

378.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

393.00

19673.06